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INVOLUNTARY SEMINAL DISCHARGES.

EXTRACTS FROM A PAPER READ BEFORE THE BOSTON SOCIETY FOR MEDICAL OBSERVATION.

[Communicated for the Boston Medical and Surgical Journal.]

We may venture to say that there is not a medical practitioner among us, who is not sometimes consulted by individuals who suppose themselves to be suffering both mental and bodily derangement from involuntary seminal discharges, occurring more or less frequently. In the great majority of these cases, it is found that these discharges occur during the night, whilst the individual is asleep, and that they are preceded by erections excited during lascivious dreams. Cases of this description are extremely common, and are generally classed by medical practitioners and writers under the term *spermatorrhœa*. Our object in preparing the present article, is to attempt to show that these cases, as they are commonly presented to our notice, do not merit the importance which has been given them, and that they should be considered as entirely separate and distinct from what may be strictly termed *spermatorrhœa* (although they may sometimes lead to this), an affection, which, as described by medical authors, we conceive to be extremely rare among us. Sufficient, it is true, has been written upon *spermatorrhœa*, but the exaggerated descriptions therein given do not answer to the cases of simple involuntary seminal emissions which are so often presented to the notice of the practitioner here, and which he is called upon to treat.

We fully agree with Robley Dunglison, who has written a most practical and sensible article upon the present subject, in the *Cyclopœdia of Practical Medicine*, that there can be no greater evil to the economy from a flow of semen accompanied by venereal desire without sexual intercourse, than with it. There can be no doubt that an excessive secretion of semen, in whatever way it may be induced, may have an injurious effect upon the system, but we cannot for a moment believe in the long category of complaints which have been attributed to this as a cause.

Involuntary seminal discharges occurring during sleep in young, robust and continent subjects, constitute a class of cases which are almost daily presented to our notice. It is very rare, in fact, judging from our ex-

perience, to meet with a young man of vigorous health who does not experience these emissions more or less frequently, particularly if he be continent. And why, we ask, should this be considered as constituting a morbid condition, or as contrary to the laws of nature?

The secretion of semen, although it is, like other secretions, very much under the control of the nervous system, and therefore increased according as the mind is directed towards objects which awaken sexual feelings, must still in a measure be constantly going on under all circumstances. Consequently the presence of an undue amount of sperm in the vesiculae seminales (which are truly reservoirs according to the best authorities of the present day), if not got rid of by sexual intercourse, must produce an excitement in those organs during sleep, which excitement is appreciated by the brain giving rise to voluptuous dreams, during which the seminal discharges take place. Even granting the opinions entertained by many physiologists, that absorption of the semen takes place, and that it is necessary for the regular maintenance of nearly all our functions, yet we may easily suppose that this absorption is not the same under all circumstances, and that the supply may exceed the demand, particularly in the young, robust and continent individual.

We can scarcely, then, consider moderate involuntary seminal discharges, occurring during sleep, accompanied by lascivious dreams and erections, as constituting a morbid condition. In proof of this, we may say, that there are many individuals who have had even frequent seminal emissions for a long period without experiencing the slightest inconvenience from them, and without ever even giving them a passing thought, until their eyes fell upon the advertisement of some empiric who has set forth the horrors and dangers to be expected from a similar condition. But from this moment there is no more rest for these poor beings, who constitute a class, which, with Ricord, we may term "veritable spermatophobists, men who are tormented, hypochondriacal, dejected, and in whom the cauterization of the neck of the bladder does not always succeed in curing the brain."

It may be asked, then, to what extent these seminal discharges may take place without actually producing any morbid effects upon the system. In answer, we must say, that this depends upon circumstances, upon the peculiar temperament of the individual, upon his diathesis, &c. In the healthy and continent subject, we again remark that they exert a beneficial effect upon the economy, by freeing it from a source of excitement, and that unless they occur more than once in a night and oftener than once or twice a week, they can scarcely be said to constitute a pathological condition. We have seen patients who have actually thrived and grown stout and hearty, in whom these discharges occurred almost every night.

What the pathological condition of the vesiculae seminales and of the ejaculatory ducts may be in this class of cases, we have comparatively few means of judging. When a patient dies, in whom these discharges have taken place, the attention at the autopsy is drawn to some other more serious affection, which has been the cause of death, so that the examination of the spermatic organs is almost always neglected. Even

in the severest forms of *spermatorrhœa*, few observations have been made upon the condition of these organs after death, owing chiefly to the amount of care and patience necessary, and to the mortification requisite to arrive at a proper inspection of the parts, which we cannot well make upon a subject in private practice; and such cases rarely die in hospitals. Where examinations have been made, however, more or less sub-acute inflammation has been discovered in the membranous and prostatic portions of the urethra, and in the ejaculatory ducts—the result, generally speaking, of lesions produced by excessive venery, or masturbation. This is what we might expect.

Involuntary seminal emissions may and do occur in the robust and continent, without any decided cause beyond what we have stated, viz., a certain plethora of the seminal vesicles; but in the majority of cases, upon inquiry we *do* find that their too frequent occurrence is attributable to masturbation, to excessive sexual indulgence, or to effects produced by gonorrhœa—and occasionally to strictures of the urethra. We are inclined to doubt the efficacy of certain other causes which have been supposed to be productive of these discharges, such as the metastasis of old cutaneous eruptions, hemorrhoids, ascarides, horse-exercise, and the use of certain medicaments, unless there is also present a certain amount of morbid irritability in the urethra.

The general effects ascribed to even moderate involuntary emissions are various, and greatly exaggerated, nay even fabulous. There is scarce a function in the body which has not been described as becoming perverted by this cause. However it may be, we must confess that there seems to be a certain relation between these discharges and the mental powers, for we find that patients who experience them are generally more or less misanthropic, hypochondriacal, agitated, and unable to apply themselves to any fixed pursuit. We know that this cannot be the effect of a moderate loss of the seminal fluid, however much it may be the result of *excessive* losses, and therefore are we not to look for the cause elsewhere; in the perusal of certain books, reputed to be medical—the reading of the advertisements of the charlatan, which disgrace so many of our daily newspapers—and in the fondness for conversation upon such topics, always existing in youth? Experience shows us this; we never find that one of these patients comes to us, who, upon inquiry, does not confess that he has read more or less upon the subject of seminal emissions. In the majority of these cases, relieve the imagination, and the cure is more than half effected.

In our treatment of simple involuntary discharges, such as we have described, we must act upon the *morale* of the patient, assuring him that the fears of future impotency and insanity which have held possession of his brain are without foundation—that what he has read upon the subject is but the artifice of the quack. To quiet the fears of the “spermaphobist” is to be our first endeavor. Advise him to read no more upon the subject of his fancied complaint, to abandon all vicious habits and erotic ideas as far as possible, and to employ his mind in some engaging pursuit. Above all, assure him that these discharges do not constitute a “drain upon the system,” but rather depend upon an ex-

cess of sperm, and that if they do occur occasionally they do not harm him.

Cold bathing, particularly local, in those cases *where a plethoric condition is not manifest*; regular exercise in the open air; attention to diet, and regularity of the bowels; in most cases avoidance of stimulants generally, particularly in the evening; care to empty the bladder before going to bed; avoidance of late suppers; sleeping upon a mattress, with as little clothing as possible to be perfectly comfortable; rising at the moment of waking in the morning (for the emissions occur in almost every case at that time); such constitute the most important means by which we are to aid the patient in arresting the too frequent occurrence of these discharges.

With regard to the efficacy of certain drugs in these cases, we must confess that we put little faith in their virtues. There are cases where tonics, ferruginous preparations, &c., are no doubt valuable; but we think that sedatives are more generally useful. Benefit has been derived from lupuline administered either alone or in combination with ergot, either in pill or powder, at the dose of from gr. iv. to vj., two or three times per diem. Larger doses may be given. We have also derived advantage from ext. hyoscyami.

We are inclined to think that some simple medicament should be given in all cases, even where the discharges occur very rarely. The "spermaphobist" must and will have something for his supposed troubles—and if you gratify his whims it serves to occupy his attention, he feels that he is working out his cure, and that you take an interest in his particular case. Any more active treatment than what we have mentioned is rarely necessary in the class of cases to which we are alluding. Possibly a slight cauterization might be sometimes admissible, or the simple passage of a bougie two or three times a-week for the purpose of overcoming any irritability of the urethra. Of course, if stricture should be the cause of the emissions, it should be overcome.

A simple mechanical contrivance has been lately brought before the public, which we should suppose would answer a good purpose in the treatment of these cases. This consists of a metallic ring, armed upon the inner side with a row of teeth, within which ring there is another composed of watch spring perfectly dilatable. This ring is put upon the penis on retiring, and should an erection occur during sleep, the penis as it enlarges comes in contact with the teeth, the patient is aroused and the emission prevented. Any more detailed account of the instrument is unnecessary, as it must now be known to the profession generally. So far as our limited experience goes, this contrivance has given satisfaction, and is so simple as to merit a trial at least.

If our patient contemplate entering upon married life, we should certainly encourage it, and moreover at as early a period as possible.

Such we consider to be the value and importance of a class of cases as they are presented to the notice of our practitioners; cases which, we repeat, in no wise answer to the descriptions of spermatorrhœa, as given by medical writers, and with which they should not be classed.

We do not deny but that true cases of the milder forms of sperma-

orrhœa may be sometimes met with among us. So much of our article as relates to spermorrhœa, we may be induced to communicate at a future period.

D. D. SLADE.

5½ Beacon street, Dec., 1853.

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#### MORE WORK FOR MEDICAL PHILANTHROPY.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—In a late number of the Journal mention is made of the appropriation of a large sum of money by a benevolent physician of Paris, to be expended in rewarding the authors of useful and practical papers, to be published in a medical gazette, and in furnishing the gazette to such physicians and students as may be too poor to pay. By this act, and by the manner of its performance (the condition being that his name shall never be disclosed), the donor has equally secured our admiration of his modesty, his benevolence, and his wisdom. By what other method could he have done so much, with the same amount of money, to advance the intelligence, and to secure the practical efficiency and usefulness of the profession in France?

There is still another channel through which medical philanthropy might make a large expenditure of means, probably, with equal benefit to the world. The intelligence and practical efficiency of the profession will remain a dead letter, without its appropriate correlative, intelligent appreciation, on the part of others. So much has been written and published on the subject, in *medical journals*, that it would be worse than superfluous to add a syllable. In your own Journal much has been published on that subject, which the *profession did not need*, and which has probably never been seen or heard of, certainly not remembered, by twenty individuals *out of the profession*. An anonymous essay on the use of nostrums, written by one of the most scientific physicians in Vermont, and published a few years since in your Journal, was characterized by good sense, lucid illustration, and conclusive arguments; but it was written for, and should have been addressed to, patients, not physicians. By urgent request, that essay was permitted to occupy a place also in the columns of one newspaper. Subsequent policy, however, indicated the conclusion that editorial interest and favor in that direction did not *pay*. And here is the *clue* which must guide the medical philanthropist, in devising plans for the greater extension of the benefits of scientific medicine.

If some medical Cœesus should be the subject of a miracle—should be blessed with a paroxysm of benevolence, what better could he do than to offer a large premium for the best popular essay on the delusion in regard to nostrums and their cognate follies, and having obtained it, to expend ten times as much, in printing and circulating it among the people? But I recall the base insinuation. Personal sacrifice of health, estate, and even life, on the altar of humanity, has been sufficiently common in the profession to refute the slander.

J. L. CHANDLER.

St. Albans, Vt., Dec. 3, 1853.

## IRREGULAR GESTATION.

[Communicated for the Boston Medical and Surgical Journal.]

THERE was a law on the Continent of Europe, long ago, that if a woman gave birth to a child more than the ordinary time prescribed for her gestation, after the death of her husband, it should be considered legitimate, on the ground that the grief produced by the death of her husband might retard the growth of her child ; and that if the first child was born sooner after marriage than the time prescribed for her gestation, it should be considered legitimate, on the ground that the excitement attending a recent married life might hasten the term of gestation. It will be seen, in a lecture on animal torpidity, by Peter A. Brown, LL.D., of Philadelphia, before the Association of American Geologists and Naturalists, at their eighth annual meeting in Boston, in 1847, that some animals become torpid at a certain time of the year, both in hot and cold climates, and that some of the same animals may be made torpid by artificial means, and kept so for a long time, even for years. Some would become torpid from cold, some from heat, and some from drought. In this torpid condition, the functions of the whole system seem to be in a greater or less degree suspended. Now if gestation in the animal had commenced, and the animal should then be artificially thrown into a torpid state, and if the functions of the whole system are suspended and kept so for a time, then the birth of its young would not take place at the usual time. Now if hibernating animals can artificially be thrown into a torpid state or condition, may not other animals, and also the human female, be thrown into a similar condition to a slight degree, from some depressing circumstances, and thus protract gestation for a month or more ? Is not the above explanation the easiest and most rational way of accounting for what are believed to be protracted cases of gestation ? Causes may exist, and act upon animals and the human female, that we cannot see or understand, even in the first pregnancy of a newly-married woman.

Respectfully, N. L. Folsom.

Portsmouth, N. H., Dec., 1853.

## "EMPIRICISM"—METHODS OF TREATING IT.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The existence of empiricism we have all reason to deplore ; so, also, the existence of hypocrisy, jealousy, envy, malice, uncharitableness, &c. But more especially have we reason to deplore their existence and outward manifestation in our own profession. The man who is constantly and vainly endeavoring to correct the faults and short-comings of others, is in danger of neglecting his own conduct and duties. The existence of medical quackery, is a corollary from the existence of medicine.

But can *persecution*, or even fair exposition, ever annihilate it ? Not at all. Community, in the legitimate exercise of their inviolable rights, are the supporters of quackery—and this generally innocently

and ignorantly. But the profession ought to be clean and pure ; they should never dabble in the muddy waters of party quarrels, or join in a crusade against what they consider empiricism ; but stand, if possible, at an infinite distance above such conduct, and let their character be so fair, and their knowledge and skill so evident, that even empirics and their followers shall be compelled to confess and admire them.

The article "Empiricism," in your Journal for December 14th, discloses too much of the impatience and bitterness of its author, to produce any salutary effect on his own, or any other person's character. The language employed (verging on billingsgate), like that used by the vainly-ambitious author of the recent "smellifungus papers," is far from creditable to the literary and moral, or to the professional character of its author.

Pardon me, "W. B. S.," but I have suffered, as you will suffer, from the too prodigal use of the caustic, in the cure of the *sores* of others, especially those of the public body. In my more sanguine and less charitable days, I foolishly wrote smart invectives against quackery, and vainly hoped, and solemnly resolved, to exterminate it. What fraction I ever abated, I am not permitted to know ; but sufficient of it still remains to annoy "W. B. S.," as it did Hippocrates and me. I dealt heavy blows by logic, scathed and blistered by irony, tickled by wit, burnt by caustic, and pestered by perseverance—as *I thought*. My reward was, curses from the editors, sneers from the critics, contempt from quack proselytes, hatred from quacks, and *a poor living from community*.

Hence, experience has taught me, to labor honestly for my own bread and reputation, and let the quacks *live*, or "die of themselves."

Rochester, N. Y., Dec. 16, 1853.

M. M. RODGERS, M.D.

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#### EXTRAORDINARY OPERATION ON THE SUBCLAVIAN VEIN, BY THE MATE OF A VESSEL.—RECOVERY.

THE following narrative is given with three objects :—First, to show the value of self-control and common sense, in scenes of danger ; second, the resources of nature under the most desperate circumstances ; and third, to correct the boastful surgeon, when he feels inclined to convince the world that all that is excellent and skilful centres in himself. The merest chance in the world elicited the simple and child-like narrative from the operator, and he seemed as much astonished as ourselves, when the almost certain character of his performance was pointed out to him, on a preparation of the heart and bloodvessels.

Edw. T. Hinckley, of Wareham, Ms., then mate of the bark Andrews, commanded by James L. Nye, of Sandwich, Mass., sailed some two years and a half since (we find the date omitted in our minutes) from New Bedford, Mass., on a whaling voyage. When off the Galapagos Islands, one of the hands, who had shown a mutinous disposition, attacked Capt. Nye with some violence, in consequence of a reproof given him for disobedience. In the scuffle which ensued, a wound was inflicted with a knife, commencing at the angle of the jaw, and dividing

the skin and superficial tissues of the left side of the neck, down to the middle of the clavicle, under which the point of the knife went. It was done in broad day, in presence of the greater part of the crew ; and Mr. Hinckley, the mate, being so near, that he was at that moment rushing to the Captain's assistance. Instantly seizing the villain and handing him over to the crew, the knife either fell or was drawn out by some one present, and a frightful gush of *dark* blood welled up from the wound, as the Captain fell upon the deck. Mr. Hinckley immediately thrust his fingers into the wound, and endeavored to catch the bleeding vessel ; with thumb against the clavicle, as a point of action, and gripping, as he expressed it to me, "all between," he found the bleeding nearly cease. The whole affair was so sudden, that Mr. Hinckley stated to me, he was completely at a loss to know what step to take. Such had been the violence of the hemorrhage, a space on the deck fully as large as a barrel-head, being covered with blood in a few seconds, that it was evident from that and the consequent faintness, that the Captain would instantly die, should he remove his fingers from the bleeding vessel. As Mr. H. said to me, with the simplicity and straightforward style of a seaman, "I brought to" for a minute, to think over the matter. The bleeding coming upward from under the collar bone, and being completely concealed by it, it was plain enough that I couldnt get at the bloodvessel, without sawing the bone in two ; and this I would not like to have tried, even if I had dared to remove my fingers. Feeling that my fingers' ends were so deep as to be below the bone, and yet the bleeding having stopped, I passed them a little further downward, still keeping up the pressure against the bone with the middle joints. I then found my fingers passed under something running in the same course with the bone ; this I slowly endeavored to draw up out of the wound, so as to see if it was not the bloodvessel. Finding it gave a little, I slowly pulled it up with one finger ; *when I was pulling it up, the Captain groaned terribly*, but I went on, because I knew I could do nothing else. As soon as I could see it, I washed away the blood, and was astonished and very glad to see there were two vessels, as I supposed them to be, one behind the other ; *the cut was in the front one*. It was the full breadth of the knife, or about half an inch, and neither across nor lengthwise, but about between the two, and went about half its thickness through the bloodvessel ; *it was smooth and blue* in appearance, and the cut had stopped bleeding, as I supposed at the time, because the vessel was pressed together by being stretched across my finger. As I had often sewed up cuts in the flesh, and knew nothing about tying bloodvessels, and supposed that was only done when they were cut in two, as in amputated limbs, I concluded to try my hand at sewing it up ; so I took five little stitches ; they were very near together, for the wound was certainly not more than half an inch wide, if so much."

On inquiry of Mr. Hinckley, if he cut off the thread each time and threaded the needle again, he said "Yes, but I only cut off one end, and left the other hanging out." This he had learned from a little book prepared for the use of sea captains and others, when no surgeon was on board. Mr. H. continued—"I twisted the ends together loosely, so as to

make one large one, and let it hang out of the wound over the bone ; then I closed all up with stitches and plasters. On the fourteenth day I found the strings loose in the wound, from which matter had freely come ; it healed up like any other cut." Poor Capt. Nye finally met a sad fate ; he was drowned on the destruction of his boat by an enraged whale.

The practical anatomist and surgeon will at once see the internal evidence that Mr. Hinckley must have closed up a wound in the subclavian vein. Aside from the position of the wound rendering any other explanation impossible, and the color and amount of blood instantly lost, the fact that a wound of the subclavian artery must have been followed by aneurism, if not instant death, renders the conviction unavoidable that it must have been the vein. When the Captain "groaned terribly," as Mr. Hinckley was drawing up the vessel with his finger, the brachial plexus of the nerves was evidently put on the stretch. Indeed, it is impossible to suppose, aside from Mr. Hinckley's high character and the corroboration of the log-book, that such a story could have been devised by any but a surgeon of decided practical ability. We may be mistaken in our views of its importance, but we think that in the estimation of our professional readers we have placed upon record one of the most extraordinary circumstances in the whole history of surgery.—*New York Scalpel.*

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#### OBSERVATIONS ON THE EFFECTS OF CLIMATE ON DISEASE.

BY WILLIAM F. CARRINGTON, M.D., U.S.N.

DURING a short stay at Pisa, in the month of March last, the number of invalids observed lounging about its grassy squares and basking in the sun on the slopes and banks of the Arno, reminded me that this old city enjoyed a reputation for the salubrity of its winter climate, as well as a celebrity for its wonderful "leaning tower ;" and even while gazing on this leaning tower, in astonishment at its height and inclination, my interest was diverted to a young man, feeble, and marked with all the symptoms so conspicuous in the victims of pulmonary consumption. He had left his home and native land, fondly but vainly imagining that, while he exchanged the asperities of his own climate for the balmy air and genial rays of Italy's sun, he was also exchanging debility, disease and approaching death, for strength, buoyancy and health. His condition suggested certain reflections on climate, and its influence on disease—reflections that had before occupied my mind on similar melancholy occasions, and in other localities of resort in pulmonary affections, south of Spain and Portugal, and islands of the Mediterranean.

I intend no essay on medical topography, but ask your indulgence for an expression of those thoughts, hoping that they may have some weight with those of our profession whose attention has not been called to the statistics on this subject, and who, perhaps, have had no opportunity of personal observation. Most medical men, both in this country and on the Continent of Europe, who have arrived at age and reputation, have had to act on this important question of change of climate

for their consumptive patients, and as far as my experience goes, whenever the pecuniary condition of the patient justified it, have almost invariably recommended this change. Now these same gentlemen, while they may be inclined to believe that their individual experience forms the exception, would be astonished at the aggregate and uniformly melancholy result in cases of confirmed phthisis sent abroad. In confirmation, Dr. Renton, an able practitioner of the Island of Madeira, gives his experience, that, of nineteen confirmed phthisical patients who arrived there from Great Britain between the years 1827 and 1830, all died.

I have no disposition to doubt and cavil about the influence of climate, for none will deny its influence on the animal economy—such as the effects of a warm, dry air in promoting an equable distribution of the circulatory fluids, and of the continued action of a mild, bland atmosphere on the respiratory organs, both as abating irritation of the lungs and enabling them to perform the necessary changes in the blood. My object is rather to reprobate the custom of sending patients abroad, with the almost uniform result of dying abroad.

It betokens a want of a thorough knowledge of the patient's condition, of the nature of the climate to which he proposes to go, and of the medical statistics of the place in connection with sojourning invalids. A change of climate is generally the last suggestion made by either the patient or physician, when all other treatment has failed. It is then too late; the disease has already stamped its indelible impression on the vital organs, and the patient is a victim beyond the remedial influences of climate, or anything else. Would it not be better to allow him to spend the remnant of his days amid the comforts of home, and the solace of friends—a boon which the dying man would doubtless crave, if he knew the alternative—than away in a strange land, dependent on strangers' sympathy?

We adopt Laënnec's view of restricting "phthisis pulmonalis" to that disease caused by tubercles in the lungs. These tubercles, when progressed to suppurative irritation, have been, by common professional consent, pronounced to be incurable. In view, then, of this melancholy fact, and of the insidious nature of the disease, it becomes us to take a more comprehensive view of its pathology, and, if we ever expect to cure it, to remove this "opprobrium medicinæ." To recognize its existence in that tubercular cachexia in which phthisis has its origin, we must carry our researches beyond those morbid alterations which constitute the pulmonary affection—to that constitutional disorder which is a condition necessary for the deposit of tubercles. This condition is generally evidenced by inappetency, dyspncea, unequal distribution of heat, slight emaciation, morning cough, dull pain in chest, &c. It is a peculiar state of health, which, aided by the known hereditary character of consumption, is easily recognized; and inasmuch as it usually precedes the deposit of tuberculous matter, it ought to demand our prompt attention. When softening takes place, and it has burst into vomica, it is so far advanced as to become manifest to the most common observer, and scientific skill is no longer necessary to form a correct prognosis. Our efforts, guided by the most profound knowledge and consummate skill,

will be utterly inefficient even to stay its progress. The lung is already in a state of decomposition—as Portal cleverly remarks, “ quelle est la maladie qu'on gèrüt quand l'organ dans laquelle elle réside a souffert une disorganization parfaite.” Our time, then, for hopeful action is confined to the period of the nascent state. I would applaud the physician who, conceiving it to be within his province, interposed his superior knowledge, long anterior to the tubercular deposit—even in early childhood—when he saw the slight form, fair complexion, and feeble circulation coupled with hereditary disposition; who volunteered his warnings and directions as to moral and physical education, not by way of remedies, but as preventives against a disease which numbers amongst its victims so much of the youth, beauty and talent of the land. He may even go farther than this, and in investigating the causes which give rise to the tuberculous diathesis in the parent, also hope to diminish the hereditary disposition in the offspring.

It will not be denied that this first condition, anterior to and during incipient phthisis, is one of debility, feeble circulation and general functional debility. This is met by a recommendation to the invigorating influences of fresh air of the proper temperature, and bracing, out-door exercise. It is just here that travelling and removal to a genial clime become our most powerful remedial measures. How often have we seen it the case that the ravages of this horrible malady have been staid in its onward progress by the recuperation of the functional energies during one active summer in the country. So does the country gentleman, entitled to the disease by inheritance, perhaps with miliary tubercles in his lungs, live to a good old age, by force of the active, cheerful sports of fox and bird hunting. It is the invigorating influence of a climate which affords the greatest number of the three hundred and sixty-five days for out-door exercise, that is particularly adapted to the case in question. This uniformity can hardly be obtained in any one country or locality; hence the propriety of the individual with tubercular diathesis changing his locality, or rather his latitude, with the change of seasons. Without having indulged in speculations or theory, I have endeavored to show the importance of early diagnosis and action, and intimated the probable benefits accruing from a proper change of climate. It is in place, then, to make a few suggestions founded, some on personal observations, and others on statistics, as to the nature of different climates to which phthisical patients are usually sent.

Cuba and the West India Islands first invite our attention, not on account of their deserved reputation, but for the monopoly of the good opinion they have so long enjoyed in the States of our Union. To say that the climate of these islands is not adapted to the phthisical patients, doubtless sounds heretical to most professional readers. It is indeed strange, that while each one's experience bears melancholy testimony to the truth of this opinion, still there is an obstinate though vague impression, both in the minds of patients and physicians, of the benefits resulting from a residence in these islands. We cannot account for the persistence of this impression otherwise than by ascribing it to the want of a proper appreciation of the deleterious influences of a

tropical climate. While they seek the mild and bland air for the irritated lungs, they lose sight of the debilitating and exhausting influences of a high temperature so unvarying and unchanging in its character. It would at once strike the professional reader, that his consumptive valetudinarian was not likely to be benefited by so high a temperature as  $78^{\circ}$ . Rather in such a diathesis, such a temperature with its exhausting influences would tend to develop and deposit the tuberculous matter; yet, this is the case with most of the West Indies. Even Cuba, the most northerly of them, has a mean annual temperature of  $79^{\circ}$ , and according to the best observers, falls only  $4^{\circ}$ , making the mean temperature during the six months, including winter,  $75^{\circ}$ . This uniformly high temperature, occasionally broken in upon by the chilly northers and the variable hygrometrical condition of the atmosphere, precludes in a great measure the patient from taking out-door exercise, the main object for which he is sent abroad.

The English physicians have for a long time held in more proper estimate the healthful advantages of the West India islands than we, their brothers, of America. While in many conditions of health they recommend them, they invariably reprobate the custom of sending to Barbadoes or Cuba invalids laboring under either confirmed or incipient phthisis. In this opinion they are upheld both by the resident physicians (of the British islands) and the reports of the army and navy surgeons, whose opportunities for judging have doubtless been good and reliable. Sir James Clark asserts that phthisis is more prevalent among the troops serving in the British West India islands than at home; that whilst  $1\frac{1}{2}$  per cent. of those serving in these colonies were attacked annually with consumption, only  $\frac{1}{2}$  per cent. of the dragoon guards serving in England suffered. The evidence of Sir William Burnett and other medical officers of the royal navy tend to the same result, and they further evidence in their reports, strange as it may appear, that the troops suffered more in the West Indies than in the North American commands; that in both the Windward and Leeward islands 12 per 1000 annually suffered; in Barbadoes as much as 15; in Jamaica 7 per 1000; whereas in Nova Scotia, New Brunswick and Canada, not more than 7 per 1000 annually die of consumption. Nor are the natives of these islands exempt from the disease: on the contrary, its great frequency among them has been long a matter of notoriety. In all tropical countries, both East and West, great heat appears to have a powerful effect in producing tuberculous disease. These facts are in strong condemnation of sending consumptive invalids to these tropical islands, except those whom the disease has only threatened, and then only for the two most severe months of January and February.

I was disposed in this communication to confine my notice of climates exclusively to the Western continent. This, perhaps, would have been in strict accordance with the "Monroe doctrine," now becoming so prevalent; but in view of the facilities for travel and of the growing disposition in Americans to travel, it may not be out of place to notice rapidly some of the European climates of celebrity. Among these the south of France has always been in repute, particularly the Medi-terra-

nean coast, comprising the provinces of Languedoc and Provence. While different localities in these provinces, Marseilles, for instance, may prove beneficial to some conditions of deranged health, such as require a dry though moderately cold air, I must own my utter inability to discover in the cold, piercing mistral (a northwest wind that blows for continuous days together) any balm for the lungs. The latitude is too high, and the climate corresponds in severity and variableness with that of the middle States of the Union.

The winter climate of Italy, while it is more humid, is less exciting than that of the south of France, and altogether better adapted to that undefinable condition preceding the development of tubercles, and to the existence of incipient phthisis. Pisa, Rome and Naples are the places of general resort, while the mean winter temperature of Marseilles is  $45^{\circ}$ , and that of Pisa  $46^{\circ}$ , only  $1^{\circ}$  higher; yet the latter, inasmuch as it is exempt from the irritating mistral and the variable atmospheric condition consequent on it, is far preferable as a place of residence.

Southern Portugal and Spain seem not to be held (at least by writers on the subject) in the high estimation that they deserve. It may be owing to the absence of home comforts, which the traveller is debarred from; for in these old countries much of the primitive condition of things yet obtain. From personal knowledge and experience during a winter's residence in these countries, I hold the climate in high estimation for those predisposed to tubercular disease. Lisbon, in latitude  $38^{\circ}$ , is now being very much resorted to by English invalids in those cases (of which there are many) in which the summer climate of England is deleterious. They reside in Portugal the whole year, spending the summer in the delightful mountain village of Cintra. The latitude of the south of Spain I think preferable to that of Portugal. Cadiz, in  $36^{\circ} 32'$ , with a mean winter temperature of  $53^{\circ}$ , would be almost unobjectionable but for the levanters—strong easterly winds which blow for ten days at a time, loading the atmosphere with fine particles of sand, almost impalpable powder, which *must* prove exciting to an irritated lung. Seville and other places high up on the Guadalquivir are not obnoxious to the same objection, being in a measure shielded by the ranges of the "Sierra Nevada" lying to the eastward. The climate, while being of the most invariable character and delightfully mild, is charming from the flowery luxuriance of the valley of the Guadalquivir.

But the island of Madeira, for peculiar considerations, has the highest reputation as a residence for the threatened consumptive. Almost the only reliable reports of improvements in incipient phthisis have been of cases resident in this island. Its latitude of  $32^{\circ} 37'$  and its position as an island combine to produce an equableness of temperature perhaps unsurpassed, at least in the islands of the Atlantic, its coast and the shores of the Mediterranean. The gradations of temperature in passing from one season to another, are almost imperceptible. The mean annual temperature of  $64^{\circ} 56'$  is divided between the four seasons, in the proportion of, winter  $59^{\circ} 50'$ , spring  $62^{\circ} 20'$ , summer  $69^{\circ} 33'$ , and autumn  $69^{\circ} 23'$ , showing but  $9^{\circ} 43'$  between summer and winter temperature, and that relieved by the intervening autumn. A climate

so moderate, both in the heat of summer and cold of winter, offers great advantages as a permanent residence. Mark the extremes of heat and cold even in the temperate latitudes. For instance, Philadelphia has a difference between its mean winter and summer temperature of  $41^{\circ}$ , and our city of Richmond, of  $33^{\circ} 66'$ ; while Funchal, in Madeira, has only  $9^{\circ} 43'$ , with a summer far more pleasant and cooler than that of any of the middle States of the Union. Indeed, in steadiness of temperature, so great a desideratum in pulmonary affections, Madeira enjoys a reputation as a permanent residence over all other places comprehended within our personal experience or knowledge; and the adaptation of the climate to this class of disease, is now a matter of professional notoriety in England. Dr. Renton and other physicians in the island of Madeira, of observation and experience, testify that in cases of tubercular cachexia and incipient phthisis, improvement has almost always resulted from a residence there; and it would be well to observe here, in furtherance of my views, that these same gentlemen declare the utter futility of attempting, from change of climate, even an improvement in confirmed phthisis, and the infinite better plan of allowing the patient to remain at home, under the palliations of administering friends and home comforts.

It would be a wilful exclusion of information to make no mention of Egypt, the character of which climate I have first become acquainted with during this visit. Its winter climate is described as being delightful, beyond the conception of those accustomed only to harsher latitudes. Its spring, entirely exempt from the vicissitudes of northerly winds and chilly rains, is certainly charming; nor does its great distance debar Europeans laboring under phthisis from resorting to it. From Alexandria to Nubia, searchers after health are as frequent as searchers after antiquities; while at Cairo, in conversation, more than one invalid was in raptures and bore decided testimony to the beneficial influences of the climate (winter). The desert air is particularly sought, as carrying healing in its wings; and many resort to the tombs, under the shadow of the great pyramids of Cheops and Belzoni, as favorable places for its enjoyment, making homes of them, for weeks at a time. Some of the cases of improvement are astonishing, and the climate of Egypt, particularly Upper Egypt, will be more generally sought after when more generally known.

But we have a variety of climate within our own borders, within the extremes ranges of  $45^{\circ}$  and  $25^{\circ}$  of north latitude and  $70^{\circ}$  and  $120^{\circ}$  longitude west. The threatened consumptive ought to be able to find air sufficiently mild to be inhaled by even his weak lungs; and if unfortunately the benefit is sought in a progressed stage of the disease and the worst result should follow, then he has the satisfaction of breathing his last under his own flag—a pleasure—a negative pleasure to be sure—but one nevertheless known to exist by those who have had an opportunity of witnessing the strangers' death in a strange land.

Florida and the extreme southern States fulfil the requisite indications more nearly than any other section. They have been generally resorted to, and, within my experience, with much more benefit resulting

than from residence in the island of Cuba. Different localities in the peninsula of Florida differ only in meteorological conditions. San Augustine is perhaps more free from the chilly northers—therefore the best—whilst its mean annual temperature is higher than that of Funchal, Madeira: its mean winter temperature is precisely the same, presenting at the same time so great a uniformity in weather that the patient can enjoy almost every day the salutary revulsion which exercise in the open air effects.

There are many other localities in the southern States which offer advantages. The climate of any cotton-growing State is not too severe for the threatened consumptive—especially when resorted to in connection with cheerful and active exercise of plantation duties.

Unlike the borders of the eastern Atlantic, our country as yet affords no section suited to the permanent residence of the consumptive valetudinarian. The difference between the mean winter and mean summer temperature of almost every section of our wide extent of country is so great, that they are fairly entitled to be ranked with the celebrated Buffon's "excessive climates." The invalid cannot permanently reside in our city of Richmond, when, from a summer's heat of  $75^{\circ}$  he suddenly encounters a piercing air of  $37^{\circ}$ ; or San Augustine or Pensacola, when, from enjoying the delightful temperature of  $60^{\circ}$ , he is suddenly exposed to the debilitating effects of  $83^{\circ}$ . If he has pecuniary means, and wishes to prolong a feeble constitution into old age, he must be emigratory—must, with the change of seasons, seek genial climes. The land of the orange and myrtle and the mountain regions of the hemlock and spruce are in their turns the antidote and poison.

Our country though is not yet grown to its full size, and it may yet embrace a territory suited to the permanent residence of the consumptive invalid. It may already, for the medical topography of its Western limits is not thoroughly known. The great difference in the climates of the same latitudes on the western and eastern borders of the Atlantic were not satisfactorily accounted for until Baron Humboldt, in his learned investigations on climatology, developed them, his mode of reasoning and his data resulting from investigations in establishing what he calls his isothermal and isotheral lines. From what has long been observed, even as early as Capt. Cook's second voyage, the great similarity between the climates in the middle latitudes of the western coast of America and western coast of Europe, our countrymen may yet find, to the southward and westward, if not already, when the gulf of California and the islands of the eastern Pacific are within our limits, a climate fulfilling as many indications for a permanent residence as the most favored country bordering on the eastern Atlantic.

Having digressed in a measure from the main object of this communication, it may be proper, in recapitulating, to urge on professional advisers the importance of an early resort to that remedy which all experience proves to be powerful, and the great error committed by its too long postponement, not only by depriving the patient of benefits that might have accrued, but, in a large majority of cases, hastening the disease to a fatal termination. The exposure and want of comforts, necessarily

encountered while travelling, and the depression consequent on parting with friends, family and home, and a residence among strangers in a strange land, cannot have any other effect than to hasten a disease already in progress. No little harm has been done by the very frequent custom of sending abroad cases laboring under confirmed phthisis. It has diminished confidence in a remedy which is our "sheet anchor." Tubercular phthisis, this main scourge of mankind, I believe to be only tractable to a timely and judicious change of climate. The enemy is vulnerable but to one weapon, and then only during the very limited period of its early existence.

My remarks on the subject of climatic differences, the favorable indications of one locality or country over another, and especially what has been said in condemnation of the climate of the West India islands, as adapted to the cure of tubercular disease, have not been made without some knowledge, experimental as well as statistical. If credence is accorded to the extent of relieving one individual from months (it might be years) of suffering, or of allowing one individual to spend his last days in the enjoyment of the comforts of home and the solace of family and friends, then I shall be amply rewarded, and have gained whatever object I might have had in view.—*The Stethoscope.*

*U. S. Sloop St. Louis, Alexandria, Egypt, May, 1853.*

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, DECEMBER 28, 1853.

*American Eclectic Practice of Medicine.*—We know but little, in this region of country, of a system of medicine that is frequently referred to at the West. Occasionally, however, a publication reaches us from that quarter, from which the fact is ascertained that a new School has there its friends and disciples, and that it is bitterly opposed to the old—or regular practice. Without attempting to analyze the objects of the new lights, if lights they are, or to explain how they differ from ourselves, it is proper to examine their works as exponents of their principles. A fair volume, in octavo, of 788 pages, from a press in Columbus, Ohio, bears upon its title page the name of J. G. Jones, M.D., one of the faculty in the Eclectic College, Cincinnati. Appended to Dr. Jones's lectures, are the posthumous writings of T. V. Morrow, M.D., the predecessor of Dr. Jones—and the whole is styled "The American Eclectic Practice of Medicine." "The object of the present publication," it is stated, "is to supply, in a measure, the increasing demand for a Text Book, for students, and a work of reference for practitioners of the Eclectic School of Medicine." We cannot discover, after some little research into the volume, what that school teaches that varies so essentially from what is taught in our own. As a whole, the 153 pages devoted to fever, would be viewed any where as a sensible essay, and by no manner of means very unlike the writings of other discreet teachers of the principles of practice. In the description of symptoms, Dr. Jones is minute enough to enable a student to define the character of a disease under which he might find a patient suffering. Thirty-seven lectures

are given as the author's contribution to practical medicine—at the close of which commences a variety of articles by his friend, the late Dr. Morrow. We imagine each one of them was the skeleton of a lecture, delivered with oral explanations and elucidations, which an ingenious man might have introduced and made highly interesting and instructive.

In these days of common sense in medicine, all respectable physicians are eclectics. They examine and select from all sources, and prescribe what they think the best. The Cincinnati eclectics can do no more. There seems to be more imagination than reality, therefore, in this modern eclecticism, when it takes a position by itself and refuses to recognize any thing good that is gathered from the accumulated observations of ages unless gathered and arranged by its own adherents. That some of the ardent advocates of this school are learned men, is not denied; but that such should leave the society of those who would appreciate their attainments, and identify themselves with what is generally considered a radical party in medicine, is quite surprising.

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*Dental Chemistry.*—During the short period in which dentistry has had a place among the useful and professional branches of business, with a rank between an art and a science, it has made surprising progress in the United States. It is not hazarding too much, we apprehend, to say that in Europe, both in the practice and the literature of modern dentistry, they fall immensely in the rear of young America. From the Baltimore College of Dentistry, a class of writers have been sent abroad, who command the admiration of scholars and of men of science, by their erudition, bold conceptions and depth of physiological research. We are not jealous of them, but proud of their distinction. In point of originality, critical observations into the anatomical relations of the human system, and industrious efforts to improve and elevate their profession, they are not surpassed by writers in any other branch of medical science. "Chemistry and Metallurgy, as applied to the Study and Practice of Dental Surgery," by A. Snowden Piggot, M.D., late of the Washington University, &c., with numerous illustrations, an elegant octavo of 516 pages, from the prolific establishment of Messrs. Lindsay & Blakiston, Philadelphia, has just been published. Dr. Piggot says that he has endeavored to adapt his work both as a manual for the practical man, and a text book for the student. He has certainly succeeded in the enterprise. For the medical or surgical practitioner in general, there is much in the book, of course, that would be useless; but in the hands of manufacturers of artificial teeth, dental operators, and in short all persons pursuing the details of dental practice, this volume will be found above price. We do not feel competent to point out its defects, if any there are, or designate the most essential chapters as specimens of excellence. As a whole, it strikes us as combining about all that is supposed worth knowing in the department of dental practice. A considerable portion is given up to the consideration of chemistry and metallurgy as connected with the manufacture of artificial teeth. No further comments are needed from us, as the craft, alone, are the proper ones to sit in judgment upon this new accession to their library.

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*Cholera Abroad.*—Almost every steamer brings intelligence of the re-appearance of cholera at different points in Europe. It leaps, as it were, from one distant place to another; and although, as in all times of its prevalence,

the mortality is at first alarming, the public soon become accustomed to its erratic character, and quietly submit to what cannot be controlled. No other disease, in the catalogue of human maladies, has ever been less subjected to successful medication than Asiatic cholera. The profession remain precisely where they commenced. There are no specifics for it, and certainly no course of treatment that meets the universal approbation of practitioners. Yet individual cases of successful treatment doubtless often occur, and no medical man should fear to meet the symptoms of a case when called upon to prescribe.

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*Dr. Bullitt's Introductory.*—There is an abundance of medical talent in Kentucky. The schools in that State have always been in the hands of gentlemen of distinguished attainments, which has been freely acknowledged abroad, however much they may have disagreed among themselves. H. M. Bullitt, M.D., sustains the professorship of physiology and pathology in the Medical School of Kentucky, at Louisville—the neighbor of a rival school known as the Institute. We have an equal interest in and respect for both, and consequently are in no way prejudiced by the sayings or transactions which have an origin in matters merely personal. They both teach well—and that is all that the great public require to know of them. Dr. Bullitt has a poetical vein in his composition, indicated by the beautiful quotations freely introduced to illustrate more forcibly the sentiments he wishes to inculcate. His prose, too, flows as though it came from a living fountain. A rapid review of the principal improvements in medicine and surgery, as characteristic of this age, occupies some portion of the discourse. The treatment of lunatics is an instance of the benevolent tendency of our times, and all these things collectively, indicate the highest degree of civilization in modern Europe and America. "To understand," says Dr. B., "and appreciate a creation so complicated in structure and arrangement, endowed with such wonderful properties, and maintaining such various and diversified relations with surrounding objects, you will find it necessary to study, more or less thoroughly, nearly all branches of human knowledge." It is certainly true, that in studying thoroughly the science of medicine something of every other science is embraced. After some generalizations for the immediate benefit of students, Dr. Bullitt proceeds in a philosophical tone, in keeping with the dignity of his subject. The following is one of his felicitous quotations, which he probably found among the bards:—

"The heights by great men reached and kept,  
Were not attained by sudden flight;  
But they, whilst their companions slept,  
Were toiling upward in the night."

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*Chemical Researches.*—Charles A. Joy, Esq., of Boston, presented at the University of Gottingen, the present season, an inaugural dissertation, which has come back to his native country, the herald of his acquirements and honors. The pamphlet mainly consists of a series of researches conducted in the laboratory of Prof. Rase, at Berlin. To a mere medical reader the papers would not appear particularly striking, but to a chemist they are such as would be read with enthusiasm. We presume that Mr. Joy will establish himself in this city, where the prospect of an honorable scientific position and influence is highly encouraging. Those in pursuit of an accurate analytical chemist, will find him familiar with all the mysteries be-

longing to the branch of science he has for many years industriously cultivated, under the direction of the best minds in Europe. We recall with much pleasure the civilities we received from Mr. Joy in Prussia, where he was pursuing those investigations which have prepared him for usefulness and distinction in his own country.

*Young Physic.*—This is quite a novel title for a Journal. No. I. of a new series with this name, published at Philadelphia, New York, Providence and Boston, edited by an association of physicians, J. Emerson Kent, M.D., being conducting editor, has been received. No specimen of a former series has been seen. All communications are to be directed to Pawtucket, R. I. This is certainly a circuitous way of reaching the fountain head. Some excellent papers, principally extracted from other medical periodicals, grace its pages. What particular system, among the various shades recognized in what is now-a-days denominated *Young Physic*, the work is to advocate, cannot be readily discovered. Perhaps it is independent of them all, and seeks friends and support among those who are untrammelled by party ties.

*Medical Miscellany.*—The second volume of Pereira's *Materia Medica and Therapeutics*, will soon appear at Philadelphia. The first was issued about a year since.—A new edition of Lawrence on the Diseases of the Eye, with improvements and additions, by Dr. Hays, of Philadelphia, is announced.—Smallpox is getting a strong foothold at several points in New England.—Bronchial affections and rheumatism are now quite common.—The newly-graduated Providence thermometer, is nearly ready for sale. Its main peculiarity is that zero represents blood heat.—With diminished classes, most of the schools are considered prosperous. The former test of influence was *numbers*; but there are indications that hereafter the best system of instruction and most learned professors, are to be held in estimation.—Again the yellow fever has appeared in some of the West India Islands. Strangers visiting the infected parts quickly fall a prey to the terrible malady.—A second edition of Renault's Chemistry is prepared by Messrs. Clark & Hesser, publishers, Philadelphia.

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**TO CORRESPONDENTS**—Papers have been received—On Hydrocephalus, by Dr. Cox; and Case of Paralysis of the Urinary Bladder, by Dr. Handy.

**MARRIED.**—In Boston, Dr. George Hayward, Jr., to Miss Annie, daughter of Geo. B. Upton, Esq.—E. P. Sumner, M.D., of Eastord, Conn., to Mrs. C. H. Monroe—in New York, Dr. James E. Ward, to Miss E. Chesterman.—At Lyons, N. Y., J. B. Pierce, M.D., to Miss R. A. Bostwick.

**DIED.**—In New York, Dr. Isaac Handy, 43.—In San Francisco, Dr. W. T. Hotchkiss, of New-  
port, R. I.—In Boston, suddenly, Dr. Josiah F. Flagg, about 60.

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**Deaths in Boston** for the week ending Saturday noon, Dec. 24th, 84. Males, 44—females, 40. Anæmia, 1—accident, 1—apoplexy, 2—inflammation of the bowels, 1—inflammation of the brain, 2—disease of the brain, 1—burns and scalds, 1—consumption, 12—convulsions, 3—croup, 9—cancer, 1—dysentery, 1—dropsy, 2—dropsy in the head, 1—infantile diseases, 3—puerperal, 1—epilepsy, 1—typhus fever, 2—typhoid fever, 2—scarlet fever, 3—hooping cough, 2—inflammation of the lungs, 2—disease of the liver, 1—malaria, 1—mania, 1—measles, 8—old age, 3—pleurisy, 1—rheumatism, 1—seroful, 1—disease of the spine, 2—teething, 4—unknown, 1.

Under 5 years, 35—between 5 and 20 years, 10—between 20 and 40 years, 21—between 40 and 60 years, 10—above 60 years, 8. Born in the United States, 64—Ireland, 13—British Provinces, 1—Germany, 3—Scotland, 1. The above includes 7 deaths at the City Institutions.

*Resources of the Living System—Complicated Fractures.*—Dr. S. Clapp, of North Providence, R. I., in a note to the Editor under date of Dec. 16th, relates the following case of fractures:—

"We have a very interesting case of fractures of the bones in a lad about 17 years of age. It happened just a fortnight ago. A son of Mr. Hamilton was caught on a shaft in Wood & Benedict's Mills, on the 3d of Dec. Both thighs were fractured, the left compound; also the tibia and fibula of same leg fractured, about an inch above the ankle joint. The right humerus was fractured, with a dislocation of the elbow on same arm. The left radius was fractured, with two fingers disjointed and torn off at their ends. Notwithstanding the extent of injury, very little constitutional irritation has occurred, and the little fellow is recovering with every prospect of good limbs."

*Homœopathy.*—As already stated in our "Notice to Correspondents," an article has been received in reply to one by Dr. Dyer, in the Journal of Nov. 16th. The following extracts from it are all that we consider advisable to publish. Other parts of it would only provoke a reply, which we are not anxious to receive. As but a portion of the article is presented to the reader, the name of the writer is withheld.

"The weapons of the 'Profession' are sharp, nay, *deadly*; deadly to the disease or patient, according as they are used by skilful or unskilful hands. 'But what,' continues the doctor, 'has been said of Thomsonism and Hydropathy (that is, "that they are *dangerously* powerful"), cannot be said of Homœopathy.' A fine compliment, indeed, from one of its bitter enemies, unwittingly bestowed! The science of medicine is composed and made up of a vast number of profound and glorious truths, some of which are found in *every* system of practice, but covered over and almost hidden by the thousand errors which compose the bulk of all the various systems of practice which have been advocated in the world. To practise medicine successfully, therefore, so that it shall not be 'dangerously powerful,' requires the sifting process of separating the truths from the errors, requiring a sound and discriminating judgment; with other mental and moral qualities, which are possessed by but a small portion of those who are sent in swarms from the colleges to become the guardians of public health."

"Cease, then, thundering your anathemas at Homœopathy, for she has declared truths which you will have to acknowledge, sooner or later—one of which is, that nature, unassisted, will often restore the sick to health, while the common system of inordinate drugging would greatly prolong the case, or hasten it to a fatal termination."

*Cinnamon in Menorrhagia.*—By S. T. CHADWICK.—In Dr. Gooch's "Practical Compendium of Midwifery," article "Menorrhagia," will be found the following remarks:—

"On the Continent they use cinnamon as a tonic, and I have found it a good addition to the medicines of this kind which I usually prescribe. My common formula is a draught composed of fifteen drops of dilute sulphuric acid, one grain of sulphate of zinc, thirty drops of tincture of cinnamon, and one ounce of peppermint water, which is to be taken three times day."

Although Dr. Gooch did not administer the remedy *per se*, still, however, it is evident that he considered the cinnamon an essential ingredient in the formula. I will only add that I have frequently prescribed the drug in question, according to the rules laid down by Dr. Gooch, and I believe, with beneficial results.—*London Lancet.*